

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

36 County Franklin
3 Township
6 City New Haven Mo (No. 1)

Registration District No. 292
Primary Registration District No. 4176

File No. 671
Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kemmer
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wf.
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Franklin Co
10. NAME OF FATHER Artz Klusman

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 10
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14.

INFORMANT Robert Kemmer
(Address) New Haven Mo

15.

FILED 1-21-32 J. Thiele
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 21 1932

17. I HEREBY CERTIFY, That I attended deceased from July 1930, 1932 to Jan 21, 1932
that I last saw her alive on Jan 21, 1932, and that death occurred, on the date stated above, at 5:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic
Nephritis (duration) 2 yrs. 1 mos. 3 ds.
CONTRIBUTORY (SECONDARY) Arterial Hypertension (duration) 2 yrs. 1 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? St. Drury
(Signed) St. Drury, M. D.
121, 1932 (Address) New Haven Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Evening Service DATE OF BURIAL 1-23 1932
20. UNDERTAKER L. D. Foster ADDRESS New Haven Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

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